

## Request for Authorization to Travel

*(Authorization is required for all air travel and multi-day ground travel.)*

TRAVELER AND DEPARTMENT INFORMATION	
Name:	
Title:	
Department:	
Date of Request:	
TRIP INFORMATION	
Purpose/Justification of the trip and how CWRU will benefit:	
Departure Date:	Return Date:
Destination(s):	
Approximate Expense of Trip:	
CONTACT INFORMATION	
Contact Information for Traveler during Trip:	
Contact Person within Organization during Absence:	

Absence Approved:    Yes     No

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Cyrus C. Taylor, Dean  
College of Arts and Sciences

\_\_\_\_\_  
Date